

(2) FORMULA FOR ALLOCATION.—From the amount appropriated under section 12006 for any fiscal year, the Secretary shall allocate each State an amount that bears the same ratio to such appropriated amount as the number of school-age children in such State bears to the total of number of school-age children in all the States. The Secretary shall determine the number of school-age children on the basis of the most recent satisfactory data available to the Secretary.

SEC. 12006. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this title, \$22,000,000,000 for fiscal year 2000 and a sum no less than this amount for each of the 4 succeeding fiscal years.

ASTHMA AWARENESS, EDUCATION AND TREATMENT ACT

HON. JUANITA MILLENDER-McDONALD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Ms. MILLENDER-McDONALD. Mr. Speaker, today I was honored to be joined by six-time Olympic medalist, Jackie Joyner-Kersey, for the unveiling of the Asthma Awareness, Education and Treatment Act, which I am introducing tonight. I am joined by 35 of my colleagues from both sides of the aisle introducing this important legislation to help children suffering from asthma.

Over the past several weeks, the safety, health and well-being of America's children have been in the hearts and minds of parents and families throughout the country. Today, we are addressing a critical health issue that is affecting the health of our children: asthma.

The Asthma Awareness, Education and Treatment Act establishes a grant to reach out to inner-city, minority and low income communities to fight asthma. Some of the initiatives include: asthma and allergy screenings; education programs for parents and teachers; a nationwide media campaign; tax incentives for pest control and air climate control businesses to alleviate the suffering of asthmatic children; and community outreach through nontraditional medical settings, including schools and welfare offices.

We must act now to help our children breathe more easily. African-Americans are five times more likely than other Americans to seek emergency room care for asthma. The asthma death rate is also twice as high among African-Americans and a staggering four times higher for African-American children. Asthma is also more prevalent among all age groups in lower income families. In families with an annual income of less than \$10,000, 79.2 out of 1,000 individuals have asthma while in families with an annual income of \$20,000 to \$34,999, 53.6 out of 1,000 individuals have asthma—that means close to 400,000 more people with extremely limited earnings have asthma.

Whatever your income, we are all paying the price for the 160 percent increase in asthma among preschool children over the past decade. The total cost of asthma to Americans was close to \$12 billion last year. Simply put, parents miss work, children miss school, and too many cases are treated in emergency rooms that could have been treated, or in some situations prevented, by medication and ongoing management by a physician.

Today, we are taking steps to curb this staggering growth in asthma cases, its high cost to society, and its disproportionate effect on minorities and low income families. With the Asthma Awareness, Education and Treatment Act, we will empower teachers, parents, coaches, and anyone who works with children to help those with asthma.

I represent some of the poorest areas of the country in South Central Los Angeles. I have seen the dire need for community assistance. And I know the tax incentives in this bill will jump start businesses that can make our communities better and ultimately save lives that otherwise may have been cut short by asthma.

I have been working with the Allergies and Asthmatics Network/Mothers of Asthmatics, the American Medical Women's Association, the American Lung Association, the Children's Environment Network, the Children's Defense Fund, the American Academy of Pediatrics, and the National Association of Children's Hospitals to help children and their families face and manage this critical disease.

I hope that my colleagues will join me, Jackie Joyner-Kersey and all of these groups in raising awareness of asthma and making sure that this bill is brought to the floor as soon as possible.

HONORING LEELA DE SOUZA AS A WHITE HOUSE FELLOW

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. RUSH. Mr. Speaker, it is with great pleasure today that I rise to commend Leela de Souza of Chicago, Illinois in recognition of her achievements this year as a distinguished White House Fellow.

A native of Chicago, Ms. de Souza graduated Phi Beta Kappa from the University of Chicago, earning an AB in biopsychology. She received her MBA degree from Stanford University Graduate School of Business. After college, she moved to Spain and became a volunteer teacher at the American School of Madrid. Prior to college, at the age of 18, she became a professional ballet dancer. By age 23, she was the prima ballerina for the Hubbard Street Dance Company, one of America's pre-eminent contemporary dance troupes. Ms. de Souza is a management consultant with McKinsey & Co. in San Francisco, where she works with clients in the packaged goods, energy and health care industries. In addition to her professional career, she has done extensive pro bono work with two national symphonies. Ms. de Souza has also been involved as a mentor and tutor in the I Have a Dream Program in East Palo Alto, California, and serves on the Business Arts Council of San Francisco.

Established in 1965, the White House Fellowship program honors outstanding citizens across the United States who demonstrate excellence in community service, leadership, academic and professional endeavors. The nearly 500 alumni of the program have gone on to become leaders in all fields of endeavors, fulfilling the fellowship's mission to encourage active citizenship and service to the nation. It is the nation's most prestigious fel-

lowship for public service and leadership development.

As a White House Fellow, Ms. de Souza serves in a position with the Office of the First Lady. She works at the White House Millennium Council to help create national projects and initiatives to celebrate the promise of the new millennium. In this capacity, Ms. de Souza assists with various initiatives such as Millennium Evenings at the White House and Save America's Treasures. She is also the acting liaison with several of the First Lady's millennium projects, including speech writing, federal agency millennium initiatives, and with non-governmental organizations seeking to partner with the White House on national millennium projects.

Mr. Speaker and fellow colleagues, it is an honor to pay tribute to Leela de Souza for her outstanding service as a White House Fellow.

HEALTH INFORMATION PRIVACY ACT

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. MARKEY. Mr. Speaker, last night I joined Mr. CONDIT and Mr. WAXMAN in introducing the Health Information Privacy Act of 1999, the "Condit-Waxman-Markey" bill.

Without question, the rapid advance of the Information Age is revolutionizing the American economy and forcing the evolution of new relationships both good and bad. There is no area of its development that causes more anxiety for ordinary people than the area of privacy. And there is no area of privacy that causes more anxiety for Americans than the privacy of their most personal health information.

Today, we are experiencing the erosion of our medical privacy. With the stroke of a few keys on a computer or the swipe of the prescription drug card, our personal health information is being accumulated and tracked.

This erosion of our privacy threatens the very heart of quality health care—doctor/patient confidentiality. By undermining this sacred relationship, we destroy the trust that patients rely on for peace of mind, and doctors depend on for sound judgment.

In an HMO today, anywhere from 80–100 employees may have access to a patient's medical record according to the Privacy Rights Clearinghouse in San Diego California. With such unrestricted access to one's personal health information, it's impossible to separate the health privacy keepers from the "just curious" peepers.

Not to mention the greatest threat to your medical privacy—the information reapers.

The evolution of technology has provided the ability to compile, store and cross reference personal health information, and the dawning of the Information Age has made your intimate health history a valuable commodity.

Last March, the Wall Street Journal wrote about the ultimate information reaper—a company that is "seeking the mother lode in health 'data mining'". This company is in the process of acquiring medical data on millions of Americans to sell to any buyer.

Currently there is no federal medical privacy law to constrain the information reapers as